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** CONTINUING DATA *****				
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Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials	STATE OR COUNTRY WA	SHEETS DRAWING 4	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 6
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